



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

FONDREN ORTHOPEDIC GP LLP
7401 SOUTH MAIN STREET
HOUSTON TEXAS 77030

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name

ZURICH AMERICAN INSURANCE CO

Carrier's Austin Representative Box

Box Number 19

MFDR Tracking Number

M4-13-2524-01

MFDR Date Received

June 4, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Per the current Medicare fee schedule the multiple procedure rule is not applicable for code G0289."

Amount in Dispute: \$88.59

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "It is the Carrier's position that it properly paid procedure code G0289 as it was coded by the Requestor, based upon the applicable Medicare coding policies, multiple procedure rules and NCCI edits. The standard multiple procedure rule does apply in this circumstance and as coded by Requestor."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 15, 2012	G0289	\$88.59	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the fee guideline reimbursement for professional medical services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- 59 – Processed base on multiple or concurrent procedure rules

Issues

1. Did the requestor bill in conflict with the NCCI edits?
2. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §134.203 “(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.
 - The requestor seeks reimbursement for HCPCS code G0289. The requestor billed the following procedure codes on October 15, 2012; 29879-LT, 29881-LT, G0289-LT and 29876-LT.
 - G0289 is defined as “Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee.”
 - NCCI edits were run to determine if the procedure codes billed on October 15, 2012 contain NCCI edit conflicts. The following was identified: Per CCI Guidelines, Procedure Code G0289 has a CCI conflict with Procedure Code 29881. Review documentation to determine if a modifier is appropriate.
2. Review of the submitted documentation finds that although HCPCS code is not subject to the multiple procedure reduction, HCPCS code G0289 has an NCCI edit conflict with another procedure code billed on the same day (CPT 29881). No modifier was appended to G0289, as a result, separate reimbursement cannot be recommended for HCPCS code G0289.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	July 31, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.